

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213516498		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>CALPHALON Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>OH</b></p> </div> <div style="width: 35%; vertical-align: top;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F1338419</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> <p>ADDRESS: 3 GLENLAKE PKWY</p> <p>CITY/ST/ZIP: ATLANTA, GA 30328</p> </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Joanne P. Chomiak            TITLE: PRESIDENT            ADDRESS: 3 GLENLAKE PKWY            CITY/ST/ZIP/CO: ATLANTA, GA 30328         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: Joanne P. Chomiak TITLE: PRESIDENT ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Joanne P. Chomiak TITLE: PRESIDENT ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Jeffrey Hohler            TITLE: PRESIDENT            ADDRESS: 8935 NorthPointe Executive Dr.            CITY/ST/ZIP/CO: Huntersville, NC 28078         </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: Jeffrey Hohler TITLE: PRESIDENT ADDRESS: 8935 NorthPointe Executive Dr. CITY/ST/ZIP/CO: Huntersville, NC 28078	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald L. Hardnock VICE PRESIDENT 3 Glenlake Pkwy. Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Byron Gibson VICE PRESIDENT 3 Glenlake Pkwy. Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary A Hood VICE PRESIDENT 3 Glenlake Pkwy. Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Burnworth VICE PRESIDENT 8935 NorthPointe Executive Dr. Huntersville, NC 28078	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer Caronna-Smith VICE PRESIDENT 3 Glenlake Pkwy. Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bradford R. Turner VICE PRESIDENT 3 Glenlake Pkwy. Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL R PETERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL R PETERSON, ASST S PRINTED NAME AND CORPORATE TITLE	4/3/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			